



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name and Address**

Wolmed Medical PA

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-14-1331-01

**Carrier's Austin Representative Box**

Box Number 54

**MFDR Date Received**

January 13, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "We expect payment in full plus interest."

**Amount in Dispute:** \$818.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "...the documentation of the E/M episodes over these dates does not support the nature of the presenting problems, exam, or plan as moderate to high severity per the CPT's description of the code."

**Response Submitted by:** Texas Mutual Insurance Company

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 22, 2013	99214	\$818.00	\$115.33
May 16, 2013	99214		
August 2, 2013	99214, 96103		

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. Former 28 Texas Administrative Code §133.307, 33 *Texas Register* 3954, applicable to requests filed on or after May 25, 2008, sets out the procedures for resolving medical fee disputes filed prior to June 1, 2012
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for E/M services

The services in dispute were reduced/denied by the respondent with the following reason codes:

- CAC-150 Payer deems the information submitted does not support this level of service.
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 890– Denied per AMA CPT code description for level of service and/or nature of presenting problems.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.

- 858 – Modifier – 59 billed – documentation submitted does not support a distinct or independent procedural service.

## **Issues**

1. Did the requestor meet the requirements of 28 Texas Administrative Code §134.203?
2. Is the requestor entitled to reimbursement?

## **Findings**

1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...” Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient. The American Medical Association (AMA) CPT code description for 99214 is:

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Detailed History
  - History of Present Illness (HPI) consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions. Documentation found listed two chronic conditions, thus not meeting this component.
  - Review of Systems (ROS) requires two to nine systems to be documented. Documentation found listed one system, this component was met.
  - Past Family, and/or Social History (PFSH) requires at least one specific item from any three history areas to be documented. The documentation found listed nothing. This component was not met.
- Documentation of a Detailed Examination:
  - Requires at least six organ systems to be documented, with at least two elements per listed system. The documentation found listed 5 body/organ systems. This component was not met.

The division concludes that the documentation does not sufficiently support the level of services billed for CPT Code 99214.

The carrier denied CPT code 96103 for date of service August 2, 2013 as, 858 – Modifier –59 billed – “documentation submitted does not support a distinct or independent procedural service.” Review of the documentation finds an “Anxiety” Test taken by an adult was present on the date of service. The carrier’s denial is not supported.

- Procedure code 96103, service date August 2, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.51 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.51459. The practice expense (PE) RVU of 1.52 multiplied by the PE GPCI of 1.017 is 1.54584. The malpractice RVU of 0.03 multiplied by the malpractice GPCI of 0.834 is 0.02502. The sum of 2.08545 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$115.33.
2. The total allowable reimbursement for the services in dispute is \$115.33. This amount less the amount previously paid by the insurance carrier of \$0.00 leaves an amount due to the requestor of \$115.33. This amount is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$115.33.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$115.33, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
November , 2014  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**